

Authorization to Obtain and Disclose Information



Alta Health & Life Insurance Company
1 Centennial Avenue, P.O. Box 1326
Piscataway, NJ 08855-1326

- Alta Health & Life Insurance Company (Alta), its reinsurers, insurance support organizations, and their authorized representatives, may obtain medical and other information in order to evaluate my application for insurance.
- Any physician, practitioner, hospital, clinic, other medical related facility, the Veterans Administration, the Medical Information Bureau, Inc., my employer or insurance company who possesses information on care, treatment or advice of me may furnish such information to Alta or its representatives upon presenting this authorization or a photocopy.
- This authorization includes information about drugs, alcohol or mental illness.
- Alta or its reinsurers may make a brief report regarding me to other companies to whom I have applied or may apply.
- This authorization will be valid from the date signed for a period of two and one half years.
- I have read this Authorization and have received a copy. I have also received copies of the "Notice Regarding MIB," and "Alta's Notice of Information Practices," which is printed on the reverse side.

Signed this _____ day of _____ 20____

Signature of Proposed Insured

Exchange of Medical Information Notice

Information regarding your insurability will be treated as confidential. The Alta Health & Life Insurance Company may, however, make a brief report thereon to the Medical Information Bureau, a non-profit membership organization of life insurance companies, which operates an information exchange on behalf of its members. If you apply to another Bureau member company for life insurance coverage, or a claim for benefits is submitted to such a company, the Bureau, on request, will supply such company with the information in its files.

Upon receipt of a request from you, the Bureau will arrange disclosure of any information it may have in its file. (*Medical information will be disclosed only to your attending physician.*) If you question the accuracy of information in the Bureau's file, you may contact the Bureau and seek a correction in accordance with the procedures set forth in the Federal Fair Credit Reporting Act. The address of the Bureau's information office is P.O. Box 105, Essex Station, Boston, Massachusetts 02112, Telephone No. (617) 426-3660.

Alta may also release information in its file to its reinsurers, or to other insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted.

Alta Health & Life Insurance Company
NOTICE OF INFORMATION PRACTICES

To our Policyholders, Applicants and Insureds:

In order to properly underwrite and administer your insurance coverage, we need to obtain information about you and any other person proposed for insurance. While most of this information will be provided by you, we may also seek information from others, such as medical professionals who have treated you or family members proposed for coverage. In some situations, and in compliance with applicable law, we may disclose necessary items of information to third parties without your specific authorization.

You have a right of access and correction with respect to information collected about you except information which relates to a claim or civil or criminal proceeding.

If you wish a more detailed explanation of our information practices and your access and correction rights, please write to us at:

Alta Health & Life Insurance Company
1 Centennial Avenue
Piscataway, NJ 08855

PLEASE INCLUDE YOUR NAME, ADDRESS AND POLICY NUMBER ON ALL CORRESPONDENCE.

IF YOU HAVE APPLIED FOR COVERAGE THROUGH YOUR EMPLOYER, PLEASE ALSO INCLUDE YOUR EMPLOYER'S NAME AND POLICY OR PLAN NUMBER.